APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

94-98

FILED
98 JAN 21 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G62989

1. Corporation Name: Francisco X. Vilasuso, M.D., P.A.

Principal Place of Business / Mailing Address:
6280 Sunset Dr. Miami, FL. 33143
Suite 503

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
6280 Sunset Drive		6280Sunset Drive	
Suite, Apt. #, etc. Ste. 503		Suite, Apt. #, etc. Ste. 503	
City & State Miami, FL		City & State Miami, FL	
Zip 33143	Country U.S.	Zip 33143	Country U.S.

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

AO 1/21

4. Date Incorporated or Qualified To Do Business in Florida: 9-23-83

5. FEI Number: 59-2332318 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Francisco X, Vilasuso	6280 Sunset Drive #503	Miami, FL 33143
			100002414071--6
			-01/28/98--01020--006
			***2148.75 ***2148.75

8. Name and Address of Current Registered Agent
Iñaki Saizarbitoria Esq.
100 N. Biscayne Blvd.
Ste. 700 New World Tower
Miami, FL 33132

9. Name and Address of New Registered Agent
Name: Same
Street Address (P.O. Box Number Is Not Acceptable): 1492 S. Miami Ave
Suite, Apt. #, Etc.: Ste. 203
City: Miami, State: FL Zip Code: 33130

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: I. Saizarbitoria, Esq. Date: 1-15-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Director 1-15-98 (305) 661-3502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #